

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10-049,724 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/						51		
2	/						52		
3	/						53		
4	/						54		
5	/						55		
6	/						56		
7	/						57		
8	/						58		
9	/						59		
10	/						60		
11	/						61		
12	/						62		
13	/						63		
14	/						64		
15	/						65		
16	/						66		
17	/						67		
18	/						68		
19	/						69		
20	/						70		
21	/						71		
22	/						72		
23	/						73		
24	/						74		
25	/						75		
26	/						76		
27	/						77		
28	/						78		
29	/						79		
30	/						80		
31	/						81		
32	/						82		
33	/						83		
34	/						84		
35	/						85		
36	/						86		
37	/						87		
38	/						88		
39	/						89		
40	/						90		
41	/						91		
42	/						92		
43	/						93		
44	/						94		
45	/						95		
46	/						96		
47	/						97		
48	/						98		
49	/						99		
50	/						100		
TOTAL IND.	3						TOTAL IND.		
TOTAL DEP.	22						TOTAL DEP.		
TOTAL CLAIMS	25						TOTAL CLAIMS		